

BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO. <i>10-088,072</i>	FILING DATE		
						APPLICANT(S)			
						CLAIMS			
AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		*	*	*	
	IND.	DEP.	IND.	DEP.	IND.	IND.	DEP.	IND.	DEP.
1	/					51			
2	/					52			
3	/					53			
4	/					54			
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43						93			
44						94			
45						95			
46						96			
47						97			
48						98			
49						99			
50						100			
TOTAL IND.	/					TOTAL IND.			
TOTAL DEP.	<i>15</i>					TOTAL DEP.			
TOTAL CLAIMS	<i>16</i>					TOTAL CLAIMS			